



## Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

September 21, 2009

Jim Rakitsky  
Quality Carriers Inc  
211 Welsh Pool Rd  
Exton, PA 19341-1321

Re: Florida Hazardous Waste Transporter Approval

Dear Jim Rakitsky:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Jim Rakitsky  
September 21, 2009  
Page Two

If you intend to operate a hazardous waste transfer facility, you must submit a Transfer Facility Form [Form 62-730.900(6)]. Notification also must include a contingency and emergency plan and a facility closure plan in accordance with Rule 62-730.171(3)(a), F.A.C. The owner or operator must also demonstrate to the satisfaction of the Department that the location complies with the relevant siting requirements listed in section 403.7211(2) Florida Statutes (F.S) before the location is used as a transfer facility.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171(6), F.A.C.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves  
Engineering Specialist IV  
Hazardous Waste Regulation Section

RN

Enclosures: Hazardous Waste Transporter Approval Certificate  
Hazardous Waste Transporter Status Form (with insurance verification)  
Sections [62-730.170](#) and [62-730.171](#) , FAC



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\*\*\*\*\*

## HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

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This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Quality Carriers Inc

FACILITY ID NO: FLR000057414

FACILITY ADDRESS: 4041 Park Oaks Blvd Suite 200  
Tampa, FL 33610-9501

INSURANCE CARRIER: ZURICH AMERICAN INSURANCE

INSURANCE POLICY#: TRK2851090-09

EFFECTIVE DATE: September 15, 2009

EXPIRATION DATE: September 15, 2010

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Aprilia Graves DATE: September 21, 2009  
Aprilia Graves  
Engineering Specialist IV  
Hazardous Waste Regulation Section  
850/245-8755

Are your services commercially available? \_\_\_\_\_

## STATE OF FLORIDA

### HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: Quality Carriers, Inc.

Transporter EPA ID: FLR 000 057 414

Location Address: 4041 Park Oaks Blvd., Suite 200

Tampa, FL 33610

Contact: James A. Rakitsky Telephone: 813-569-7273

Mailing Address: 211 Welsh Pool Road, Suite 100

Exton, PA 19341

II. Insurance Information:

Insurance Company Zurich American Insurance Company

Address 1400 American Lane

Schaumburg, IL 60196

Contact: Ms. Kulzynski Telephone: 341-496-9341

Policy Number: TRK2851090 09

Expiration date: 9/15/10

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

C

I

T

Comments: Transport various wastes such as resins, solvents,  
flammable liquids, waste waters and corrosive liquids.

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

James A. Rakitsky

Vice Pres., Environmental Services

Print/Type Name

Title

James A. Rakitsky

9-24-09

Signature

Date Signed

\*\*\*\*\*

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 9/15/2010.

Date

**APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 9/24/2009**

Signature of Florida Department of Environmental Protection Representative Date Signed



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/10/2009PRODUCER  
Aon Risk Services Southwest, Inc.  
Aon Truck Group - Little Rock, AR  
PO Box 3870  
Little Rock AR 72203 USATHIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY  
AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS  
CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE  
AFFORDED BY THE POLICIES BELOW.

PHONE: (501) 374-9300 FAX: (847) 953-1800

## INSURERS AFFORDING COVERAGE

NAIC #

INSURED  
Quality Distribution  
Quality Carriers, Inc. Quala Systems Inc  
Montgomery Tank Lines Inc, Fleet Transp,  
Transplastcs Inc. Chemical Leaman Tank  
Lines, Levy Trans LTD 4041 Park Oaks Blv  
Ste 200 Tampa FL 33610 USA

INSURER A:	Zurich American Ins Co	16535
INSURER B:	Zurich American Ins Co of Illinois	27855
INSURER C:	Firemans Fund Ins Co	21873
INSURER D:	National Union Fire Ins Co of Pittsburgh	19445
INSURER E:		

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY  
REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN,  
THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE  
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Blanket <input checked="" type="checkbox"/> Occurrence Coverage GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GLO285108709 General Liability	09/15/2009	09/15/2010	EACH OCCURRENCE	\$5,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$5,000,000
						GENERAL AGGREGATE	\$7,500,000
						PRODUCTS - COMP/OP AGG	\$5,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input checked="" type="checkbox"/> Intermodal <input checked="" type="checkbox"/> Blanket Contractual	TRK2851090 09 AUTOMOBILE - COMMERCIAL AF9993640 Canadian Auto	09/15/2009	09/15/2010	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
B				09/15/2009	09/15/2010	BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
A		<b>GARAGE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/>	GP929821209 Garage Liability	09/15/2009	09/15/2010	AUTO ONLY - EA ACCIDENT	\$5,000,000
						OTHER THAN EA ACC	\$5,000,000
						AUTO ONLY: AGG	\$5,000,000
D		<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	BE 27471439 Umbrella Liability	09/15/2009	09/15/2010	EACH OCCURRENCE	\$5,000,000
						AGGREGATE	\$5,000,000
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	WC2851085079 WC-A11 except MA & WI WC2851086-09 Work Comp WI & MA & Mono	09/15/2009	09/15/2010	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS	
				09/15/2009	09/15/2010	OTH- ER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE-EA EMPLOYEE	\$1,000,000
						E.L. DISEASE-POLICY LIMIT	\$1,000,000
C		<b>OTHER</b> Mtr Truck Cargo	MX197120724 MTC	09/15/2009	09/15/2010	Single Conveyance Li	\$250,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
MCS 90 Applies/ Trailer Interchange Limit \$50,000



## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Coverage  
Quality Carriers, Inc., Quala Systems  
Montgomery Tank Lines, Inc.  
Transplastcs Inc. Chemical Leaman Tank  
Lines, Fleet Transp., Levy Transp LTD  
Tampa FL 33619 USASHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL  
30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.  
BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY  
OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Holder Identifier :  
Certificate No : 570036048717

 <b>8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY</b> DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772		Date Received (for RDEP Official Use Only)	
EPA ID: <b>FLR000057414</b>		MTS: _____ RCRA Info: _____	
<b>1. Reason for Submittal</b>	Mark 'X' in correct box: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> To provide <b>initial notification</b> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).         </div> <div> <input checked="" type="checkbox"/> To provide <b>subsequent notification</b> (to update status and facility identification information).         </div> <div> <input type="checkbox"/> Is this the <b>final notification</b> (see instructions) for the facility?         </div> </div> <div style="text-align: right; margin-top: 10px;"> <b>RECEIVED</b>  <b>AUG 19 2009</b>  <b>BY: BSHW</b> </div>		
<b>2. Facility or Business Name</b> Quality Carriers, Inc. (QCI)		<b>FEID No.</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>3</span><span>6</span><span>2</span><span>5</span><span>9</span><span>0</span><span>0</span><span>6</span><span>3</span> </div>	
<b>3. Facility Operator</b> (List additional Operators in the comments section).	<b>Name of Operator:</b> Quality Carriers, Inc.		<input type="checkbox"/> <b>New Operator</b> <b>Date became Operator:</b> ____/____/____ <div style="text-align: right; font-size: small;">mm dd yy</div>
	<b>Street or P.O. Box:</b> 4041 Park Oaks Boulevard, Suite 200		<b>Phone Number:</b> 813-569-7271
	<b>City or Town:</b> Tampa	<b>State:</b> FL	<b>Zip Code:</b> 33610
	<b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____		
<b>4. Facility Physical Location Information</b>  <div style="border: 1px solid black; padding: 5px; width: 50px; float: left; margin-right: 10px;">   <small>Initials</small>  <small>Date</small> </div>	<b>Physical Street Address:</b> Same As Above		
	<b>City or Town:</b>		<b>State:</b> FL <b>Zip Code:</b>
	<b>County:</b> Choose ____		If available, please attach a map or sketch of the facility boundaries.
	<b>Latitude:</b> <u>27</u> <u>58</u> <u>55.6098</u> <b>Longitude:</b> <u>82</u> <u>19</u> <u>55.8732</u> <b>Method:</b> Map <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>dd mm ss.ssss</span> <span>dd mm ss.ssss</span> <span>Datum: NAD83</span> </div>		
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b>		<b>A.</b> 484230	<b>B.</b> 484220
		<b>C.</b> 484121	<b>D.</b> 488490
<b>6. Facility or Business Mailing Address</b>	<b>Street Address or P.O. Box:</b> 211 Welsh Pool Road, Suite 100		
	<b>City or Town:</b> Exton	<b>State:</b> PA	<b>Zip Code:</b> 19341
<b>7. Facility or Business Contact Person</b>	<b>First Name:</b> James <b>Last Name:</b> Rakitsky		<b>Title:</b> Vice Pres., Env. Services
	<b>Phone Number:</b> 813-569-7271	<b>Extension:</b>	<b>E-Mail:</b> jrakitsky@qualitydistribution.com
	<b>Street or P.O. Box:</b> 211 Welsh Pool Road, Suite 100		
	<b>City or Town:</b> Exton	<b>State:</b> PA	<b>Zip Code:</b> 19341
<b>8. Real Property (Land) Owner of the Facility's Physical Location</b> (List additional real property owners in the comments section.)	<b>Name of Real Property (Land) Owner:</b> Duke Realty L.P.		<input type="checkbox"/> <b>New Owner</b> <b>Date became Owner:</b> ____/____/____ <div style="text-align: right; font-size: small;">mm dd yy</div>
	<b>Street or P.O. Box:</b> 10105 Highland Manor Drive		<b>Phone Number:</b> 813-635-8500
	<b>City or Town:</b> Tampa,	<b>State:</b> FL	<b>Zip Code:</b> 33610
	<b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____		

**9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):** Not Applicable**A. Hazardous Waste Activities:**

For Items 2 through 7, mark 'X' in all that apply.

**(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):  
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

**(3) Recycler of Hazardous Waste (at your facility)**Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

**(4) Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

**(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.****(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.**

- (7) ☒ Transporter of Hazardous Waste** [ Note: A Certificate of Liability Insurance is required along with this registration.]  
Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes

**c. Hazardous Waste Transporter Insurance Information**Insurance Company Zurich American Insurance CompanyAddress 1400 American Lane  
Schaumburg, IL 60196Contact Mary Keane Telephone (501) 374-9300Policy Number TRK 2851090 Expiration date 9-15-09d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_e. ☐ Hazardous Waste Transfer Facility: Not Applicable Storage Volume \_\_\_\_\_☐ Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☐ Annual update notification

**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):** NOT APPLICABLE

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time. NOT APPLICABLE
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(3) Mercury Recovery and/or Reclamation Facility ☐ [Chapter 62-737, F.A.C.] NOT APPLICABLE Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ N/A Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ N/A Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**C. Used Oil Activities:** NOT APPLICABLE**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☐ a. Transporter
- ☐ b. Transfer Facility

**(2) ☐ Collection Center****(3) ☐ Used Oil Processor** (A permit is required for this activity.)**(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☐ A check is enclosed.

**(8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Print Name of Authorized Person

**(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):**

- ☐ our mailing (business) address
- ☐ The site (facility) address



EPA ID No. FLR000057414

**D. Other State Regulated Waste Activities:**  
Not Applicable

☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]  
Note: A water facility permit may be required for this activity.

**10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed inclusive. QCI will transport various hazardous waste codes. Following codes are typical but not all

<sup>1</sup> F001	<sup>2</sup> F002	<sup>3</sup> F003	<sup>4</sup> F004	<sup>5</sup> F005	<sup>6</sup> D001	<sup>7</sup> D007
<sup>8</sup> D003	<sup>9</sup> D006	<sup>10</sup> D007	<sup>11</sup> D008	<sup>12</sup> D009	<sup>13</sup> D016	<sup>14</sup> D021
<sup>15</sup> D026	<sup>16</sup> D027	<sup>17</sup> D028	<sup>18</sup> D035	<sup>19</sup> D038	<sup>20</sup> D039	<sup>21</sup> D040
<sup>22</sup> U165	<sup>23</sup> U188	<sup>24</sup> U190	<sup>25</sup> U220	<sup>26</sup> U221	<sup>27</sup> U223	<sup>28</sup> U239

**11. Other Status Changes (Mark 'X' in all that apply):** Not Applicable

**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste  
☐ (2) Waste generated by business has been delisted.  
☐ (3) Other (explain) \_\_\_\_\_

**B. Facility Closed**

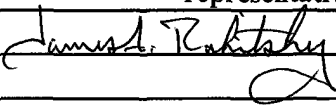
- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.  
☐ (2) Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

☐ **C. Property Tax Default**

☐ **D. Petition for Bankruptcy Protection**

**12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	James A. Rakitsky, V.P., Env. Svcs.	08-17-2009

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form) \_\_\_\_\_ (Phone Number) \_\_\_\_\_ (E-mail Address) \_\_\_\_\_

**13. Comments:**

This location is an office building only; the property manager is Duke Realty.

**ENDORSEMENT FOR  
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY  
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Form Approved  
OMB No. 2125-0074

Issued to QUALITY CARRIERS, INC. of 4041 Park Oaks Blvd., Suite 200 Tampa, FL 33610

Dated at 10 So. Riverside Plaza Ste 600 Chicago, IL 60606 this 20th day of August, 20 09

Amending Policy No. TRK 2851090 Effective Date 09/15/2009

Name of Insurance Company ZURICH AMERICAN INSURANCE COMPANY

Telephone Number ( 312 ) 496-2400 Countersigned by   
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "[X]", for the limits shown:

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 5,000,000 for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**ACCIDENT** includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**MOTOR VEHICLE** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**BODILY INJURY** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**ENVIRONMENTAL RESTORATION** means restitution for the loss,

damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**PROPERTY DAMAGE** means damage to or loss of use of tangible property.

**PUBLIC LIABILITY** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation

thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The Motor Carrier Act of 1980 requires limits of financial responsibility according to the type of carriage and commodity transported by the motor carrier. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

THE SCHEDULE OF LIMITS SHOWN ON THE NEXT PAGE DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information purposes only.

**SCHEDULE OF LIMITS  
Public Liability**

<b>Type of Carriage</b>	<b>Commodity Transported</b>	<b>Minimum Insurance</b>
(1) For-hire (In interstate or foreign commerce).	Property (nonhazardous).	\$ 750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Divisions 1.1, 1.2, and 1.3 materials; any quantity of Division 2.3 Hazard Zone A or Division 6.1, Packing Group 1, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	5,000,000
(3) For-hire and Private (In interstate or foreign commerce: in any quantity) or (In intrastate commerce: in bulk only).	Oil listed in 49 CFR 172.101, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	1,000,000
(4) For-hire and Private (In interstate or foreign commerce).	Any quantity of Division 1.1, 1.2 or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; or highway route controlled quantities of Class 7 material as defined in 49 CFR 173.403.	5,000,000

**Note:** The type of carriage listed under (1), (2), and (3) applies to vehicles with a gross vehicle weight rating of 10,000 pounds or more. The type of carriage listed under number (4) applies to all vehicles with a gross vehicle weight rating of less than 10,000 pounds.

#### **SCHEDULE OF LIMITS Public Liability**

For-hire motor carriers of passengers operating in interstate or foreign commerce

<b>Vehicle Seating Capacity</b>	<b>Minimum Insurance</b>
(1) Any vehicle with a seating capacity of 16 passengers or more.	\$ 5,000,000
(2) Any vehicle with a seating capacity of 15 passengers or less.	1,500,000